

Washington State Department of Health Board of Osteopathic Medicine and Surgery Meeting Minutes July 27, 2007

The meeting of the Washington State Board of Osteopathic Medicine and Surgery was called to order by Daniel Dugaw, DO, Chair, at 9:05 a.m. The meeting was held at: St. Francis Hospital, 34515 $9^{\rm th}$ Avenue South, Board Room, Federal Way, Washington 98003.

Board Members Present: Daniel Dugaw, DO, Chair

William Gant, Public Member, Vice Chair

Thomas Shelton, DO
Roger Ludwig, DO
Thomas Bell, DO
Catherine Hunter, DO
Larry Smith, DO

Staff Present:

Blake Maresh, Executive Secretary Melissa Burke-Cain, Assistant Attorney

General

Arlene Robertson, Program Manager Erin Obenland, Disciplinary Program

Manager

Judy Young, Staff Attorney

Joe Mihelich, Administrative Staff

Guest Present:

Kathi Itter, Executive Director, Washington Osteopathic Medical

Association

Open Session

1. Call to Order

1.1 Approval of Agenda

The agenda was approved as published.

1.2 Approval of Minutes - May 18, 2007 meeting

The minutes of the May 18, 2007 meeting were approved.

1.3 Approval of Minutes - June 6, 2007 conference call minutes

The June 6, 2007 conference call minutes were approved.

1.4 Approval of Minutes - June 27, 2007/July 3, 2007 conference call minutes

The June 27, 2007/July 3, 2007 conference call minutes were approved.

1.5 Approval of Minutes - July 11, 2007 conference call minutes

The July 11, 2007 conference call minutes were approved.

2. Rules

Staff noted there are several areas that appear to overlap with Facilities and Services Licensing FSL) regarding implementation of ESHB 1414. Those areas that could potentially conflict will need to be identified before the board will be able to finalize its rules.

ACTION

Staff will proceed with the rules workshops and gather input. Staff will monitor FSL's implementation of ESHB 1414 to ensure the rules do not conflict with each other.

- 2.2 Background information on Office Based Surgery.
 - 2.2.1 Federation of State Medical Boards policy
 - 2.2.2 Florida rules Board of Osteopathic Medicine
 - 2.2.3 Medical Quality Assurance Commission policy
 - 2.2.4 Dental Quality Assurance Commission rules
 - 2.2.5 Office-Based Anesthesia Guidelines of the Washington State Medical Association

ISSUE

The Board was provided several perspectives on office-based surgery. A national view developed by the Federation of

State Medical Boards (FSMB), rules from another state, the MQAC policy and Dental rules, and guidelines by a professional association were provided as background information.

ACTION

The Board indicated it preferred to take a more general approach such as outlined in the FSMB guidelines. Staff will report on input received at the workshops at the September 21st meeting.

2.3 Proposed Naturopathy rules Review and provide comments regarding proposed rules implementing HB 1546 (2005).
ISSUE

The proposed Naturopathic rules were reviewed. The rules would authorize naturopathic physicians to use, prescribe, dispense, and order legend drugs and controlled substances which include codeine and testosterone products. The rules also provide that substances may be administered through intramuscular, intravenous, subcutaneous, and intradermal injections. The rules require four (4) hours education and training to qualify to prescribe controlled substances and sixteen (16) hours training to use intravenous therapy.

ACTION

The Board indicated the proposed rules increase the risk to public safety. There is no evidence naturopathic training provides the skills to perform the procedures described or they have adequate pharmacological education to prescribe the controlled substances as outlined in the rules. The Board feels the proposed training is insufficient to perform the procedures specified or prescribe controlled substances.

The Board is concerned that naturopathic physicians lack the training to recognize their limitations and that patients will not be appropriately referred if an adverse event should occur.

Staff will provide the Board's concerns relative to the proposed rules to the Naturopathic Program.

2.4 Mandatory Reporting Rulemaking Review and provide input regarding rules proposed by the Department of Health (DOH) implementing SHB 2974. The law mandates reporting unprofessional conduct or impairment by licensees and other entities.

- 2.4.1 Background documents and proposed rules
- 2.4.2 Current osteopathic mandatory reporting rules ISSUE

SHB 2974 mandates rules be written which require reporting unprofessional conduct or impairment by several entities.

ACTION

The Board reviewed the draft of the mandatory reporting rules. The Board felt the rules were too broad and duplicate reporting requirements that already exist. They potentially could require everybody to report themselves and everybody else. Terms need to be specific and well defined.

The Board is interested in rules that do not:

- Interfere with the peer review process currently in place to identify and correct errors in facilities and individual practices.
- Duplicate rules that are in place for impaired practitioner monitoring programs.
- Interfere with the operation of the impaired practitioner monitoring programs.
- Duplicate mandatory reporting currently required by other agencies, i.e., NPDB and HIPDB.

Reporting requirements should be limited to major events, i.e., a death or significant patient harm. It is important to receive valid reports. Reports of minimal or no harm, or unrelated to the person's profession will clog an already over-burdened system and delay action being taken on more serious violations.

The Board is concerned if the number of complaints increase, the financial impacts to the investigative process will increase significantly. Even below threshold complaints take a significant amount of administrative time to process.

The Board was advised that the rules are being rewritten but want to provide input throughout the process.

Staff will advise policy staff of the Board's position.

3. Scope of Practice

3.1 Dispensing oral medications - Discuss the role of unlicensed persons administering oral medications.
Blake Maresh, Executive Director
TSSUE

Mr. Maresh recently became aware that incorrect information is being given out by a professional organization relative to administration of oral medications by health care assistants.

There is considerable confusion regarding delegation of tasks by health care practitioners. A physician often assumes they can delegate a task to anyone they feel has the skills to perform the task. There is often a lack of knowledge of state laws and tasks that can be performed by a medical assistant (unlicensed) and a health care assistant (certified to perform specific minor invasive procedures or injections).

ACTION

The Board determined that education of osteopathic physicians regarding delegation of tasks to unlicensed and licensed staff would be appropriate. Ms. Itter indicated she could put an article in the WOMA newsletter. Ms. Robertson will provide background information for the article.

4. Program Manager Reports

4.1 Budget Report - July 2007

Ms. Robertson reported the budget is over-expended in several areas related to discipline. The over-expenditure was anticipated at the beginning of the biennium due to several cases that were in process. However, the allocation was not sufficient to cover anticipated expenses. The final biennial report will provide more detail on the over-expenditures.

4.2 Washington Physicians Health Program - May 2007 Statistical Information

The May 2007 report was provided. No action was required.

4.3 Washington Physicians Health Program - Semi-annual report - July-December 2006

The semi-annual WPHP report was provided. No action was required.

4.4 Coordinate newsletter with Medical and Podiatry ISSUE

The Board was approached by staff with the concept of participating in a combined newsletter with Medical and Podiatry. Ms. Robertson and Beverly Thomas, Program Manager for the Medical Commission, suggested combining resources would be more efficient for all of the professions.

ACTION

After discussion of the various pros and cons of publishing a hard copy newsletter, the Board determined that information could continue to be shared through the WOMA newsletter. As more practitioners use internet resources, the Board's Web page could include articles and information specific to the osteopathic profession.

4.5 Establish 2008 meeting dates

The following regular meeting dates for 2008 were established:

January 25 March 14 May 16 July 18 September 19 November 14

Conference calls will be scheduled between meetings for complaint reviews.

5. Executive Director Reports

5.1 Department/Division Updates

Mr. Maresh reported that a significant decision had been made on issuing license numbers on the ILRS credentialing system. There was a proposal to change all of the license numbers when the new system came online. The professional organizations explained that it would be a significant burden for practitioners to notify all of the agencies, insurance companies, hospitals, etc. of the license number change. The practitioner's ability to practice and obtain compensation during the change could be impacted. The Department has determined that current license numbers will not be changed.

Mr. Maresh reported that the Board/Commission/Committee (B/C/C) meeting is scheduled for the afternoon and evening of September 27 for B/C/C leadership. An all day meeting is planned for September 28 to include all B/C/C members. The meetings will be held at the Holiday Inn Renton.

Mr. Maresh indicated the HPQA performance audit report has been delayed. It is anticipated the report will be out in mid-August.

Mr. Maresh notified the Board of his appointment to serve on an advisory committee for the FSMB.

5.2 Legislation

In addition to ESHB 1414 previously discussed, Mr. Maresh announced he has been selected to head up a project pertaining to the marijuana initiatives which recently passed in the Legislature.

5.3 Citizen Advocacy Center Annual Conference

Mr. Maresh provided background information on the Citizen Advocacy Center meeting to be held in Seattle in October. Mr. Maresh encouraged board members to consider attending, since it is an opportunity to participate in a national conference.

ACTION

Bill Gant, Dr. Shelton and Dr. Smith indicated interest in attending. Registrations should be provided to Ms. Robertson.

5.4~ Scheduling Federation of State Medical Boards presentation for November $30^{\rm th}$ meeting ISSUE

Representatives from the Federation of State Medical Boards (FSMB) have requested to attend the November 30th board meeting to provide an update of recent activities and initiatives. The FSMB also seeks input from board members on how the FSMB might be of assistance to the Board.

The November $30^{\rm th}$ date presents a conflict for Mr. Maresh. Since he wishes to be in attendance for the FSMB visit, the Board is being asked if the November $30^{\rm th}$ date can be changed.

ACTION

The Board determined to change the meeting to November 16th. Ms. Robertson will confirm if that date will work for the individuals from FSMB.

- 6. Other Business
 - 6.1 Cross state/Canada compact Melissa Burke-Cain, AAG

This item was tabled to another time.

7. (Open Session) Settlement Presentations
(Presentations are contingent upon agreements being reached between the parties prior to a board meeting.)

Deliberations are held in Executive Session.

There were no settlement presentations.

Closed Session

8. Statement of Allegations/Stipulation to Informal Disposition presentations (Presentations are contingent upon agreements being reached between the parties prior to a board meeting.)

Deliberations are held in Executive Session.

There were no Informal Dispositions presented.

9. Report Reviews/Investigative Authorizations

One report was reviewed and closed below threshold.

10. Disciplinary Case Reviews - Reviewing Board Member Reports

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CASE NUMBER	CASE DISPOSITION
2005-02-00010P	Statement of Charges/Expert review
	requested
2006-11-0004OP	Closed no cause for action; evidence
	does not support a violation
2006-12-0008OP	Closed; unable to pursue without a
	whistleblower release
2006-02-0006OP	Closed no cause for action; evidence
	does not support a violation
2006-10-0005OP	Closed no cause for action; evidence
	does not support a violation
2007-04-0005OP	Closed no cause for action; evidence
	does not support a violation
2007-02-0003OP	Statement of Charges

2006-12-0002OP Closed no cause for action; care rendered was within the standard of care Closed no cause for action; evidence does not support a violation Closed below threshold.

11. Open case report

The Board received a report of open cases. No action was required.

12. Compliance Issues

There were no compliance issues.

13. Application Review

Four applications were reviewed and approved.

The meeting adjourned at 12:30 p.m.

Respectfully Submitted

Arlene Robertson Program Manager

NOTE: PLEASE VISIT THE WEB SITE FOR FUTURE AGENDAS AND MINUTES - WWW.DOH.WA.GOV. GO TO LICENSING AND CERTIFICATION AND YOU WILL FIND A LIST OF THE HEALTH CARE PROFESSIONS, GO TO OSTEOPATHIC PHYSICIANS FOR AGENDAS AND MINUTES.